

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses

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JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

for LOBBYISTS (RSA Chapter 15) PLEASE PRINT

I. Name of Lob	byist(s) <u>Lyn IVI. Sch</u>	onett		
II. Name of lob	byist's partnership, firm or	corporation, if any:		
N	ew Hampshire Coalit	ion Against Do	mestic and Sexual V	/iolence
	(Name of partnership, firm or o			
PO	Box 353	Concord	NH	03302
Business Address	: (Street)	(Town/City)	(State)	(Zip Code)
(603) 224-8893 (603) 228-6096 e-mail lyn@nhcadsv.org				
(Telepl		(Fax)		
	nent covers: (Choose one – fi ense transactions which are			y file a separate report for
☐ All reportab	le transactions occurring in th	e months prior to the	reporting date relative to the	e following client:
	New Hampshire Coa (Full Name of Client as	alition Against I	Domestic and Sexua ist Registration Form)	l Violence
•	e transactions by the lobbyist particular client.	(including the lobbyis	st's family), or the lobbying	firm listed below which are
IV. Date of Rep Reports cover:	port April 26, 2017 activity from date of registration	on to 3/31/17 a	July 26, 2017 🛭	
•	October 25, 2017 activity from 7/1/17 to 9/3		January 31, 2018 activity from 10/1/17 to 12/31/	17
V. There have If this box is che Concord, NH 03	e been no fees received an ecked, complete just this form 3301.	d no reportable tra and submit it to the So	nnsactions made since the ecretary of State's Office, St	ne last report. Gate House, Room 204,
VI Chack if ad	ditional reports are attached	d·		
	received fees or made expend		Addendum A– Fees and Ex	penses
•	paid an honorarium or reimbu	-		
-	firm, or your family has mad	e political contributio	ns, you must file Addendu	m C- Political Contributions
I have read RSA	hollett		y swear or affirm that the formula the formula that the f	oregoing information is true

LEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Lyn M. Schollett	
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Coalition Against Domestic and Sex (Name of partnership, firm or corporation)	xual Violence
III. Name of Client New Hampshire Coalition Against Domestic and Sexual Violence	<u>d</u> Date <u>7/7/2017</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all he: meals purchased during a busines as than \$10 that is given to the person and with a value of \$25.00 or less); and forting period of greater than \$25.00 for he of greater than \$25, purchase of ser than \$25, but not greater than \$50, he expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$133.98
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
a) Total of all itemized expenditures reported in detail in section VI.	c)\$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$133.98
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$111.66
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist) Lucius	7/20/17 (Date)
Lyn M. Schollett (Print Name of lobbyist)	